

connection with quinine and nux vomica, they exert a powerful tonic influence on the vaso-motor nervous system. In tonic doses thrice daily, they prevent the return of asthma while the intra-nasal disease is being cured locally. Nitroglycerine has an important place during the paroxysm and in the intervals of respite. Chloral hydrate allays the attacks. When the paroxysms are violent and threaten life, chloroform is of great use. L. F. B.

## DIPSOMANIA.

T. S. Clouston, M.D., F.R.C.P.E., in the "Edinburgh Medical Journal," for February, 1890, continues his communications on the subject of "Diseased Cravings and Paralyzed Control," by treating of dipsomania, which he attempts to define. He first refuses to apply that name to those forms of mental disease in which an intense craving for alcoholic drink is merely a prominent symptom, and deplores the careless use of that term by practitioners who apply it to such states and employ it inaccurately. Thus cases of simple coherent mania—that is, with distinct mental exaltation, insomnia, restlessness, talkativeness, changed habits, loss of common sense, morbid brilliancy of imagination, and hyperæsthetic memory—must not be called cases of dipsomania, though such patients may drink excessively, have all their symptoms aggravated by it, and have an intense craving to get it. He also cited a case of *folie circulaire*, in which the phase of exaltation always began after abuse of ardent spirits, which he craved and obtained at all hazards as long as it was possible to do so; yet this was not true dipsomania.

In simple melancholia, in epilepsy, in many cases of mild dementia, there are often manifested quite uncontrollable longings for drink, as also in some cases of delusional insanity, paranoia, and general paresis, and even in rarer cases of softening of the brain, tumors, cerebral syphilis, in which a craving for alcohol was one of the earlier symptoms. Drink-craving with loss of control is sometimes one of the early signs of the break-down of senility. But a dipsomaniac, while he remains a pure case of that disease, has no systematized delusions, no amnesia, and no motor symptoms, and has seldom strong suicidal or homicidal impulses. The greatest difficulty in the diagnosis of dipsomania is to distinguish it from drunkenness, in which, however, the control is not paralyzed, but simply not exercised; whereas, in true dipsomania, the power of control is abolished. It is therefore a form of diseased craving or impulse, with paralyzed—wholly or partially—inhibition, and may be divided into four classes:

1. *Developmental and retrogressive dipsomania*, which includes the congenital cases, whose higher inhibition had never been developed as a brain-faculty.

2. *Dipsomania of a neurotic diathesis*, comprising those cases having high brain qualities, or keen sensibilities and poetic minds, or of hyperæsthetic conscientiousness, but who are carried away by the force and intensity of their emotions, and lose control over their cravings.

3. *Somatic dipsomania*, or cases in which traumatism, sunstroke, paralysis, cephalic erysipelas, cerebral lesions of all sorts, so weaken the self-control that men, who had previously led sober lives, then acquire marked and uncontrollable cravings for liquors.

4. *Dipsomania of excess* includes those forms in which there is no especial heredity, no neurotic diathesis, no disease, and no critical period of life, and where there has previously been a prolonged and excessive use of stimulants.

In regard to treatment, he recommends "legal control" for many cases—*i. e.*, enforced abstinence in an asylum, total abstinence in free individuals, special asylums for those willing to be treated there, the employment of every means to strengthen the bodily health, the judicious use of special expedients (drugs), and, as a means of prophylaxis, the correction and development of the weak points in the children of the first division.

#### TREATMENT OF DIPSOMANIA BY HYPNOTISM.

Dr. Hayes, secretary of the London Hypnotic Society, comes forward with another statement in favor of the employment of hypnotism in dipsomania. The previous publications on the subject by Ladame, Forel, and others are also in support of the belief that long periods of abstinence and even permanent cures are obtainable by this method. While the idea of curing dipsomania by hypnotism and suggestion is not a very new one, yet it is well to call the attention of the medical profession to it, in order that it may be more widely known and practised. The patient submits to hypnotism two or three times a week, and, when he is in the proper condition, the hypnotist suggests to his now pliant and receptive mind that he will have no desire for drink on awaking and that he will even have a repugnance for it. After several *séances* of this nature the desire diminishes, ceases altogether, and the patient loses the habit of drinking alcoholic beverages. Relapses often occur, it is true, but, on the other hand, cures are often permanent.—*Quarterly Journal of Inebriety*, January, 1890.